REQUEST TO ADD OR REMOVE INSTRUCTOR

ADMINISTRATOR CERTIFICATION SECTION (ACS)

INSTRUCTIONS: When adding or removing an instructor to a previously approved course, please complete the information below and on page 2. Submit to ACS allowing at least 30 days upon receipt for processing. Submit a separate request for each course. Mail the request(s) to CDSS, ACS, 744 P Street, M.S. 19-47, Sacramento, CA 95814.

(1)	Vendor Business Name	Vendor Approval Numb	Business Phone Number						
(2)	Vendor Mailing Address (Street Address, City, S	State, Zip Code)	Business E-mail Address						
(3)	Name of Proposed Instructor (Attach the instructor's resume with a copy of the approved course outline):								
(4)	Name of Instructor to be Removed								
(5)	Course Title								
(6)	f the request is specific to an Initial Certification Training Program, idenfity program type and indicate which component(s) of the raining the instructor is being proposed to teach:								
	☐ RCFE 40-Hour (740-1)	☐ ARF 35-Hour (735-1)	☐ GH 40-Hour (730-1)						
	□ Law & Regs□ Community & Support Services□ Admission & Assessment□ Business Operations	☐ Management/Supervision☐ Physical Needs☐ Alzheimer's & Dementia☐ Psych/Social Needs	Medication□ Emergency Intervention/NonViolent						
(7)	(7) Course Number (specific to continuing education courses). If the course is approved for co-location, list each course number next to the program type. □ GH CEU approval number:								
 ☐ Your request has been approved ☐ Your request has been denied. ☐ The following additional information is needed to evaluate the instructor's resume: 									
PRIN	T NAME OF VENDOR/AUTHORIZED REPRESENTATIVE	SIGNATURE OF VENDOR/A	UTHORIZED REPRESENTATIVE						
TITLE	:	l l	DATE						
SIGN	ATURE OF ANALYST		DATE						

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NAME OF INSTRUCTOR		SOCIAL SECURITY NUMBER *				
(10)	Door the instructor currently passess or has provincely hold a license, contification	or other engraval as a profe		nalin a ans	oific	
(10)	Does the instructor currently possess or has previously held a license, certification of field? If yes, please indicate the type of license(s) or certificate(s) and number(s).	or other approval as a profe		-		
	neid? If yes, please indicate the type of license(s) of certificate(s) and number(s).			YES		NO
(11)	Has the instructor held or currently holds a government-issued facility license to ope	erate and provide services	to inc	lividuals?		
	If yes, please indicate the type of license(s) and license number(s).			YES		NO
				0		
(12)	Is the instructor currently employed or was previously employed by a community car	re facility?		\/F0	$\overline{}$	NO
` '	If yes, please indicate the facility name(s) and license number(s).	•	Ш	YES	Ш	NO
(13)	Has the instructor been the subject of any administrative, legal or other action involved	ving licensure, certification	or of	her approv		
(13)	specified in (10), (11), and (12) above? If yes, please explain and provide dates. If					
	application.	additional space is needed	-			
	application.			YES	Ш	NO
l doo	Nove under manufact of nations that the foregoing information is true					
SIGNATI	clare under penalty of perjury that the foregoing information is true.	DATE				
SIGNAL	JKE	DATE				
NAME C	OF INSTRUCTOR	SOCIAL SECURITY NUMBER *				
(10)	Does the instructor currently possess or has previously held a license, certification of	or other approval as a profe	ession	nal in a spe	ecifie	d
,	field? If yes, please indicate the type of license(s) or certificate(s) and number(s).		_	YES		NO
				IES		NO
(11)	Has the instructor held or currently holds a government-issued facility license to ope	erate and provide services	to inc	- lividuale?		
(11)	If yes, please indicate the type of license(s) and license number(s).	state and provide services				
	if yes, please indicate the type of license(s) and license number(s).			YES		NO
(40)		('''')				
(12)	Is the instructor currently employed or was previously employed by a community car	re facility?		YES		NO
	If yes, please indicate the facility name(s) and license number(s).					
(13)	Has the instructor been the subject of any administrative, legal or other action involved					
	specified in (10), (11), and (12) above? If yes, please explain and provide dates. If	additional space is needed	d, ple	ase attach	to th	ıis
	application.			YES		NO
I declare under penalty of perjury that the foregoing information is true.						
SIGNATI	JRE	DATE				
NAME O	F INSTRUCTOR	SOCIAL SECURITY NUMBER *				
(10)	Does the instructor currently possess or has previously held a license, certification of	or other approval as a profe	essior	nal in a spe	cifie	d
. ,	field? If yes, please indicate the type of license(s) or certificate(s) and number(s).			YES		NO
			Ш	ILS	Ш	NO
(11)	Has the instructor held or currently holds a government-issued facility license to ope	erate and provide services	to ind	lividuals?		
(' ')	If yes, please indicate the type of license(s) and license number(s).	rate and provide convices				
	in you, produce indicate the type of noonloots, and noonloo hambertoy.			YES	Ш	NO
(4.2)	le the instructor currently ampleyed or was proviously ampleyed by a community ser	o facility?				
(12)	Is the instructor currently employed or was previously employed by a community car	e lacility?		YES		NO
	If yes, please indicate the facility name(s) and license number(s).					
(13)						
	specified in (10), (11), and (12) above? If yes, please explain and provide dates. If	additional space is needed	d, plea	ase attach	to th	is
	application.			YES		NO
	lare under penalty of perjury that the foregoing information is true.					
SIGNATI	JRE	DATE				

* Federal law (at Title 5 United States Code Section 552a Note) states that: Any federal, state, or local government agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.

* Disclosure of Social Security Number(s) is optional.

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